## **Application Data Sheet**

### **Application Information**

Application Type::	,	Regular
Subject Matter::		Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: TEST DEVICE FOR FEMORAL HEAD

**PROSTHESIS** 

Attorney Docket Number:: ICB0168

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

**Applicant Authority Type::** Inventor **Primary Citizenship Country:: SWITZERLAND** Status:: Full Capacity Given Name:: Jean Middle Name:: **BABLER** Family Name:: Name Suffix:: City of Residence:: Fribourg State or Province of Residence:: Country of Residence:: **SWITZERLAND** Street of mailing address:: Klein-Schonberg 58 City of mailing address:: Fribourg State or Province of mailing address:: Country of mailing address:: **SWITZERLAND** Postal or Zip Code of mailing address:: 1700 **Applicant Authority Type::** Inventor Primary Citizenship Country:: **SWITZERLAND** Status:: **Full Capacity** Given Name:: Jurg Middle Name:: Family Name:: BURRI Name Suffix:: City of Residence:: Sutz State or Province of Residence:: Country of Residence:: **SWITZERLAND** Street of mailing address:: Hauptstrasse 12

Page # 2 Initial 02/11/2004

Sutz City of mailing address:: State or Province of mailing address:: Country of mailing address:: **SWITZERLAND** Postal or Zip Code of mailing address:: 2572 Applicant Authority Type:: Inventor **Primary Citizenship Country:: SWITZERLAND** Status:: **Full Capacity** Given Name:: Hans Middle Name:: Family Name:: FELBER Name Suffix:: City of Residence:: Hergiswil State or Province of Residence:: **SWITZERLAND** Country of Residence:: Street of mailing address:: Seestrasse 49 City of mailing address:: Hergiswil State or Province of mailing address:: Country of mailing address:: **SWITZERLAND** Postal or Zip Code of mailing address:: 6052 **Applicant Authority Type:**: Inventor **Primary Citizenship Country:: SWITZERLAND** Status:: **Full Capacity** Given Name:: Urs Middle Name:: Family Name:: BUNTSCHU Name Suffix::

City of Residence::

State or Province of Residence::

Page # 3 Initial 02/11/2004

Port

Country of Residence::	SWITZERLAND
Street of mailing address::	Schlossmattstrasse 1
City of mailing address::	Port
State or Province of mailing address::	
Country of mailing address::	SWITZERLAND
Postal or Zip Code of mailing address::	2562
Applicant Authority Type::	Inventor
Primary Citizenship Country::	SWITZERLAND
Status::	Full Capacity
Given Name::	Werner
Middle Name::	
Family Name::	SALVISBERG
Name Suffix::	
City of Residence::	Lyss
State or Province of Residence::	
Country of Residence::	SWITZERLAND
Street of mailing address::	Pappelweg 5
City of mailing address::	Lyss
State or Province of mailing address::	
Country of mailing address::	SWITZERLAND
Postal or Zip Code of mailing address::	3250

# **Correspondence Information**

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing addre	ess::						
State or Province of	mailing	address::					
Country of mailing a	ddress::						
Postal or Zip Code of mailing address::							
Phone Number::			(703) 979-5	5700			
Fax Number::		(703) 979-7429					
E-Mail address::			g&s@szipl.com				
Representative Information							
Representative Cu	stomer	24203			The same of the sa		
Number::							
Domestic Priority Information  Application ::   Continuity Type::   Parent Application::   Parent Filing Date::							
Application ::	i contini	HIV IVDE"	Paront Anni	ucation''			
	Continu		raient Appi		Parent Filling Date		

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EP	03075495.6	02/20/2003	Yes

## **Assignee Information**

Assignee name:: Saphirwerk Industrieprodukte AG

Street of mailing address:: Erlenstrasse 36

City of mailing address:: Brugg

State or province of mailing address::

Page # 5 Initial 02/11/2004

Country of mailing address:: SWITZERLAND

Postal or Zip Code of mailing address:: 2555

Page # 6

Initial

02/11/2004